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## FORM 8. Entry of Appearance

| UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT   |  |  |                                       |
|--|--|--|---------------------------------------|
| v  |  |  |                                       |
| No   |  |  |                                       |
| ENTRY OF APPEARANCE  |  |  |                                       |
| (INSTRUCTIONS: Counse appellants should read para File this form with the clerk principal attorney for each princi | graphs 1 and 18 of the within 14 days of the | ne Guide for Pro Se Pet                                | titioners and Appellants.             |
| Please enter my appearance (select one):   |  |  |                                       |
| Pro Se   | As counsel f                                 | or:  Name of party                                     | 7                                     |
| I am, or the party I represent is (select one):  |  |  |                                       |
| Petitioner   | Respondent                                   | Amicus curiae  | Cross Appellant                       |
|  | Appellee                                     |  |                                       |
| As amicus curiae or intervenor, this party supports (select one):  |  |  |                                       |
| Petitioner or appellantRespondent or appellee  |  |  |                                       |
| My address and telephone are:  |  |  |                                       |
| Name:  |  |  |                                       |
| Law firm:  |  |  |                                       |
| Address:   |  |  |                                       |
| City, State and ZIP:   |  |  |                                       |
| Telephone:   |  |  |                                       |
| Fax #:<br>E-mail address:  |  |  |                                       |
| Statement to be completed by   | ov counsel only (sele                        | ct one):   |                                       |
| I am the prin  | cipal attorney for this                      | s party in this case and<br>ounsel in this case of the | will accept all service<br>ne matters |
| I am replacing as the principal attorney who will/will not remain on the case. [Government attorneys only.]  |  |  |                                       |
| I am not the principal attorney for this party in this case.   |  |  |                                       |
| Date admitted to Federal Ci  |  |  |                                       |
| This is my first appearance (counsel only):  |  |  | or the Federal Circuit                |
| Yes  | No   |  |                                       |
| A courtroom accessib   | le to the handicapped                        | l is required if oral argu                             | ament is scheduled.                   |
|  |  | /s/ Travis W. McCallon                                 |                                       |
| 8/6/2014<br>Date   |  | Signature of pro se                                    |                                       |
| cc:  |  |  |                                       |
|  |  |  |                                       |

Form 8

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## **CERTIFICATE OF SERVICE**

The undersigned attorney for Defendant-Appellee hereby certifies that a copy of the foregoing was served on the following counsel via electronic mail and CM/ECF.

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/s/ A. Justin Poplin

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